Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) NAME OF PROVIDER OR SUPPLIER:		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390195 STREET ADDRESS, 0		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00_ B. WING: CITY, STATE, ZIP CODE:		(X3) DATE SURVEY COMPLETED: 07/05/2023	
LANKENAU MEDICAL CENTER			100 LANCASTER AVENUE				
STATE LICENSE NUMBER: 120401			WYNNEWOOD, PA 19096				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE DATE		COMPLETE	
P 0000	This report is for new of Exercise Bike, Treadm Orthopedic Thereapy S 2023. The Lankenau M were in full compliance Pennsylvania Departm Regulations for Hospit Subparts A and B, Nov June 1998.	n the ally 5, ed they ents of the s and ert IV,	P 0000				
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGNA	ATURE		TITLE:	(X6) DATE:	

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Certified End Page

LANKENAU MEDICAL CENTER

STATE LICENSE NUMBER: 120401 SURVEY EXIT DATE: 07/05/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY